

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CORAL DYEING

27220135-1

1. MONTH OF MARCH 1, 2009 THRU MARCH 31, 2009

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input checked="" type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

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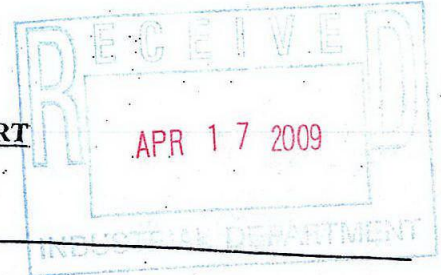
First Reviewer: comments on deficiencies COMPLETEDate Reviewed 5/13/09 Date sent to user _____Date due back _____ Reviewer C.Y.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT



Certification of Non-Use if applicable (use additional sheets):-

We have been certified for non-use of the following metals:

Lead, Cadmium, Nickel and Mercury

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used: We are in compliance for the following metals:

Copper and Zinc

Explain Method for preserving samples:

4°C with HNO_3 and Ph below 2

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Dina Spence

Signature of Principal
Executive or Authorized Agent

DINA SPENCE - Controller

Type Name and Title

4/16/09
Date

N. J. TELEPHONE
(973) 278-0272
(973) 278-0276

N. Y. C. TELEPHONE
(212) 736-4364
FAX NUMBER
(973) 278-9490

Coral Dyeing & Finishing Corp.

555 EAST 31ST STREET
POST OFFICE BOX 2067
PATERSON, NEW JERSEY 07509

4/16/2009

PASSAIC VALLEY SEWERAGE
600 WILSON AVE.
NEWARK, NJ 07105
TEL.: 973-817-5714
FAX: 973-344-4876

Dear Bruce,

As of today I did not receive water bill for the month of March 2009.

Reading from water meter:

2/28/2009	772585
3/31/2009	804355

	31770

Total water consumption for March 2009	<u>31770</u>
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Thank you.

Yours truly,
Dina Spence - Controller



Analytical Report



DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
PO BOX 2067
PATERSON, NJ 07509

Regarding:

DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
555 EAST 31ST
PATERSON, NJ 07509

Account No: AW0150, CORAL DYEING & FINISHING CORPORATION
Project No: AW0150, CORAL DYEING & FINISHING CORPORATION

P.O. No:
PWSID No:

Inv. No: 1075872

Sample Number L2903257-1
Sample Description EFFLUENT COMPOSITE
Received Temp: 35 F Iced (Y/N): Y

Samp. Date/Time/Temp
03/04/09 08:00am NA F

Sampled by
Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CADMIUM	EPA 200.7	ND mg/l	0.00400 mg/l	03/11/09 06:27AM B B
COPPER	EPA 200.7	3.37 mg/l	0.00300 mg/l	03/11/09 06:27AM B B
NICKEL	EPA 200.7	0.0136 mg/l	0.0100 mg/l	03/11/09 06:27AM B B
LEAD	EPA 200.7	0.0615 mg/l	0.00500 mg/l	03/11/09 06:27AM B B
ZINC	EPA 200.7	0.554 mg/l	0.00500 mg/l	03/11/09 06:27AM B B
MERCURY	EPA 245.1	ND mg/l	0.000200 mg/l	03/12/09 05:56PM CMC
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	46.5 mg/l	15.1 mg/l	03/05/09 06:06PM GAP
TOTAL SUSPENDED SOLIDS	SM 2540D	86.8 mg/l	2.00 mg/l	03/06/09 10:00AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory
incident; TNTC=too numerous to count
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
- The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
- Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the
equipped holding time unless otherwise noted.
- QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ
AO34, FL E87953, KS E10373, SC 89020001.
- QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
All samples are collected as "grab" samples unless otherwise identified.
MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results
on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with
real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Page 1 of 1

Serial Number: 1084428

Thomas J. Hines
Thomas J. Hines, President

FINAL REPORT

QCL Laboratories 1205 Industrial Blvd. Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231		CHAIN OF CUSTODY Page <u>1</u> of <u>1</u>				Lab LIMS No: <u>L2903257</u>		MATRIX CODES DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SO: SOIL SL: SLUDGE OIL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER	
		Bill to/Report to: (if different)		LAB USE ONLY: # <u> </u> Ascorbic/HCl Vials # <u> </u> HCl Vials # <u> </u> Na ₂ S ₂ O ₃ # <u> </u> Na OH/Zn acetate pH # <u>1</u> HNO ₃ pH <u>12</u> # <u> </u> H ₂ SO ₄ pH # <u> </u> NaOH pH # <u>1</u> Unpreserved # <u> </u> Hcl pH # <u> </u> Temp control					
Client/Acct. No. <u>COPY 11/10/13</u>		Address		Sampling Site Address: (if different)		P.O. No.		QC Contact	
City/State/Zip		Phone/Fax		PROJECT		FIELD ID		ANALYSIS REQUESTED	
Client Contact		Collection		Date		Military Time		Matrix Code	
Verbal/fax data due:		Hardcopy due:		Report Format: <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NJ Reduced <input type="checkbox"/> Disk		Field Parameters Analyzed By:		Date/Time:	
SAMPLED BY: (Name/Company) <u>5/5/09</u> <u>Client</u>		Verbal/fax data due:		Hardcopy due:		Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.		Date/Time:	
SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)									
RELINQUISHED BY SAMPLER 1 <u>5/5/09</u>	DATE <u>3/4/09</u>	TIME <u>0900</u>	RECEIVED BY <u>3/4/09</u>	DATE <u>3/4/09</u>	TIME <u>0900</u>	DELIVERY METHOD: <input type="checkbox"/> QC COURIER <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	COMMENTS:	Client Signature	Date/Time
RELINQUISHED BY 2 <u>3/4/09</u>	DATE <u>3/4/09</u>	TIME <u>1100</u>	RECEIVED BY <u>3/4/09</u>	DATE <u>3/4/09</u>	TIME <u>1100</u>				
RELINQUISHED BY 3 <u>207</u>	DATE <u>3/4/09</u>	TIME <u>1940</u>	RECEIVED BY <u>3/4/09</u>	DATE <u>3/4/09</u>	TIME <u>1940</u>				
RELINQUISHED BY 4	DATE	TIME	RECEIVED BY	DATE	TIME				
RELINQUISHED BY 5	DATE	TIME	RECEIVED BY	DATE	TIME				
Hazardous: yes / no: <u>3/4/09</u>						For example to aid completion, see reverse side.			